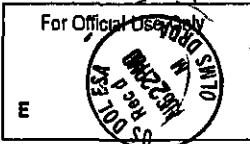


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>028657</u> <u>12444</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>JOSEPH</u> <u>CARTER</u> P O Box Bldg Room No if any Street <u>25 COLGATE RD.</u> City <u>ROSLINDALE,</u> State <u>MA</u> ZIP Code + 4 <u>02131</u>	4 Name file number and address of labor organization Name <u>IUPAT DC#35</u> Labor Organization File Number <u>028657</u> P O Box Building and Room Number if any Street <u>25 COLGATE RD.</u> City <u>ROSLINDALE</u> State <u>MA</u> ZIP Code + 4 <u>02131</u>
5 Position in labor organization <u>BUS. REP.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Joseph Carter</u>	On <u>8-15-05</u> Date	<u>617-522-0520</u> Telephone Number

Name of Person Filing

JOSEPH CARTER

File Number U

028657

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name DISTRICT COUNCIL TRUST FUNDS

Trade Name if any

P O Box Bldg Room No if any

Street 25 COLGATE RDCity ROSLINDALEState MA ZIP Code + 4 02171

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

ANNUAL HEALTH, PENSION, ANNUITY
INVESTMENT MANAGER REVIEW
CONFERENCE - HOTEL \$549-
EXPENSES \$331-

11 b Approximate dollar value of such dealing

\$880-

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name LEGAL COMPANY

Trade Name if any

P O Box Bldg Room No if any

Street 116 HUNTINGTON AVECity BOSTONState MA ZIP Code + 4 02116-5412

14 a Nature of payment

MEETING TO DISCUSS
STATUS OF HEALTH AND
PENSION FUNDS.

14 b Amount of payment

\$40-

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing	<u>JOSEPH CARTER</u>	File Number U	<u>028657</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount. <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>LEGAL ADVISORS</u> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <u>116 HUNTINGTON AVE.</u> City <u>BOSTON</u> State <u>MA</u> ZIP Code + 4 <u>02116-5712</u>	14 a Nature of payment. <u>MEETING TO DISCUSS TRUST FUNDS</u>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <u>\$50</u>

Name of Person Filing

JOSEPH CARTER

File Number U

028657

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

D.C.#35 JTPPT

Trade Name if any

P O Box Bldg Room No if any

SUITE 221

Street

25 COGATE RD

City

ROLLINDALE

State

MA

ZIP Code + 4

02131

9 Business deals with

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

SPRING FIELD TECH. COMM COLLEGE
FUND RAISER

11 b Approximate dollar value of such dealing

\$ 50-

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer

☐

or Consultant

☐

?

14 b Amount of payment.

Name of Person Filing

JOSEPH CARTER

File Number U

028657

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name FREEDOM CAPITOLTrade Name if any P O Box Bldg Room No if any Street 1 BEACON ST.City BOSTONState MA. ZIP Code + 4

9 Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

14 a Nature of payment

EDUCATIONAL SEMINAR

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

\$60-



District Council 35

IUPAT, AFL-CIO
25 Colgate Road
Roslindale, MA 02131



Serving Maine, Massachusetts, New Hampshire, Rhode Island and Vermont

Boston Office
Phone 617 522 0520
Fax 617 524 0716

Springfield Office
413 733 3961

Maine
207 439 2704

New Hampshire
603 227 0799

Vermont
802 766-4113

Representing
Protective and Decorative
Coatings Applicators
Wallcoverers
Drywall Finishers
Painters
Decorators
Glaziers

Architectural Metal &
Glass Workers
Scenic Artists
Designers

Civil Service Workers
Shipyard Workers
Maintenance Workers
Building Cleaners
Metal Polishers
Metalizers

Public Employees
Clerical Workers
Professional Employees
Security Guards
Safety Engineers
Bridge Painters
Riggers

Tank Painters
Marine Painters
Containment Workers
Waterblasters
Vacuum Cleaners

Sign Painters
Sign & Display Workers
Bill Posters

Convention & Show
Decorators & Builders
Paint Makers
Sandblasters

Lead Abatement Workers
Floorlaying & Decorative
Coverings Workers
Journeyman & Apprentice
Commercial, Industrial,
Highway, Residential
Construction Workers

Ralph Harriman
Secretary Treasurer General Business Manager

To Whom It May Concern

Date 8/15/2005

From Joseph Carter

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.